

Utah Department of Health

PO Box 142104 Salt Lake City, UT 84114 Voice: 801/538-6096 FAX: 801/538-9913

HIV Counseling & Testing - Training Application **2012**

CONTACT INFORMATION

Applicant name										
Mailing address										
City				State	<input type="text"/> <input type="text"/>		ZIP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Email					@			.		
Best number to contact you	<input type="text"/> <input type="text"/> <input type="text"/>		-	<input type="text"/> <input type="text"/> <input type="text"/>		-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
FAX	<input type="text"/> <input type="text"/> <input type="text"/>		-	<input type="text"/> <input type="text"/> <input type="text"/>		-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Agency affiliation							<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer		
Primary language					Fluent languages					

LETTER OF INTENT (please describe where and how you will apply the skills learned in this course, use back if needed)

APPLICANT CONSENT

Current HIV Prevention contractors will be given priority for available training slots.	
The applicant will receive an email and/or telephone confirmation of receipt of application and registration.	
Class may be cancelled at the discretion of the instructor. A reasonable effort will be made to provide notification to each confirmed participant.	
Class will begin promptly each day at the designated hour.	
Applicants must sign State of Utah Confidentiality Agreement and attend the full course to receive their certification	
There are scheduled breaks and a lunch hour each day. Applicants are responsible for all expenses incurred during the course, which may include but are not limited to: travel, hotel & motel and meal expenses.	
My signature indicates that I have read, understood and will abide by these guidelines.	
Signature	Date

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HIV Counseling & Testing - Training Application 2012

Applicant name _____

Cursos disponibles en Español, por favor llame por disponibilidad.

Fundamentals of HIV Prevention Counseling		HIV+, Partner Services & Rapid HIV Testing	
COURSE	Fundamentals of HIV Prevention Counseling (HPP)	COURSE	HPP: Issues of Clients Who Test Positive Rapid HIV Testing and Partner Services
SCHEDULE	Day one: 1:00 P.M. - 5:00 P.M. Day two & three: 8:00 A.M. - 5:00 P.M.	SCHEDULE	Each day: 8:30 A.M. - 4:30 P.M.
(select one)	<input type="checkbox"/> May 8-10, 2012 <input type="checkbox"/> I'm interested in next available training <input type="checkbox"/> Dates and times TBA	(select one)	<input type="checkbox"/> March 13-15, 2012 <input type="checkbox"/> I'm interested in next available training <input type="checkbox"/> Dates and times TBA
OTHER DATES NOT LISTED ABOVE Please <input type="checkbox"/> _____ Indicate Date and Location _____		OTHER DATES NOT LISTED ABOVE Please <input type="checkbox"/> _____ Indicate Date and Location _____	
This 20-hour course provides information about HIV/AIDS STD's, tuberculosis, hepatitis A, B & C, risk reduction & prevention, HIV testing technology and accuracy, the basics of client centered counseling skills and multiple role play sessions to practice those skills. After completion the participant should be able to conduct a pre-test HIV risk assessment counseling session and post-test HIV negative counseling session.		This 24-hour course discusses the unique needs of clients who test positive, effective methods used to collect partner information, how to make effective referrals and rapid HIV testing administration and quality assurance standards. After completion the participant should be able to conduct a post-test HIV positive counseling session, elicit partner information, make referrals and maintain quality assurance standards for rapid HIV testing.	
PRE-REQUISITE	none	PRE-REQUISITE	Current certification in the Fundamentals of HIV Prevention Counseling + 6 sessions Agency Authorization (see below)

Agency Authorization

We authorize the applicant listed above to attend the HIV+, Rapid HIV Testing and Partner Services course.

Signature & Date _____

Print Name & Title _____

FAX your completed application to:

801/538-9913

ATTN: Carolyn Allen